

Senate Bill No. 1075

CHAPTER 886

An act to add Section 138.6 to the Health and Safety Code, and to amend Section 4862 of the Welfare and Institutions Code, relating to health and social services.

[Approved by Governor October 12, 2003. Filed
with Secretary of State October 12, 2003.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1075, Committee on Health and Human Services. Health and social services.

Existing law establishes the Office of Women's Health within the State Department of Health Services. The functions of the office include, among others, to communicate and disseminate information and perform a liaison function within the department and to providers of health, social, educational, and support services to women. Existing law requires the department to place priority on providing information to consumers, patients, and health care providers regarding women's gynecological cancers, as specified.

This bill would require the department to include in any literature regarding breast cancer that it produces prescribed information regarding breast cancer.

Existing law, commencing July 1, 2004, transfers the administration of the Habilitation Services Program from the Department of Rehabilitation to the State Department of Developmental Services.

Existing law, commencing July 1, 2004, provides that if a regional center approves a reduction in the work activity program day, the department may change the work activity program.

This bill would, operative July 1, 2004, recast that authorization to authorize the department to change the work activity program rate in those circumstances.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Breast cancer now strikes more women in the world than any other type of cancer. In the past 50 years, the lifetime risk of having breast cancer has nearly tripled in the United States. In the 1940s, a woman's lifetime risk of breast cancer was 1 in 22. In the year 2002, the risk is 1 in 8. Breast cancer is the leading cause of death for American women



ages 34 to 54 years, and the second leading cause of cancer death for all American women.

(b) This year alone, an estimated 203,500 women in the United States will be diagnosed with invasive breast cancer, and 54,300 with ductal carcinoma in situ, which is a noninvasive tumor contained in a milk duct. An estimated 40,000 will die from the disease. An estimated 3 million women in the United States today are living with breast cancer. Two million have been diagnosed with the disease, and one million have the disease but do not yet know it.

(c) All women are at risk for breast cancer, whether or not the disease is in their family. Heredity accounts for less than 10 percent of all breast cancer cases, but it remains an important risk factor that cannot be dismissed.

(d) Early detection of localized breast cancer continues to figure prominently in the survival rate for the disease.

(e) Mammography does not prevent breast cancer, but the earlier breast cancer is detected by self-examination or mammography and followed by treatment, the greater the woman's chances of survival. Screening mammography, defined as mammography for women who have no symptoms of breast cancer, is different from diagnostic mammography, which is used for patients, both women and men, who are experiencing symptoms of breast cancer, such as a lump or thickening that can be felt in the breast. Diagnostic mammography is a useful technology in helping to establish or rule out a diagnosis of breast cancer.

(f) While regular mammography screening may benefit postmenopausal women, mammography for women in their 30s and 40s remains controversial. Notwithstanding mammography's usefulness as a tool for breast cancer diagnosis, research on the risks and benefits of screening mammography continues to show conflicting results, leading to conflicting opinions and recommendations. Mammographic X-rays fail to detect as many as 20 percent of breast cancers in women over 50 years of age, and as many as 40 percent in younger women. On average, breast tumors have been growing 8 to 10 years before they can be picked up by mammography. Research into mammography alternatives is ongoing, and better ways to detect breast cancer are currently being developed and presented for public and institutional review and use. Some of these methods not only demonstrate potential for greater reliability in detecting breast cancer, but also can be performed without exposing a patient to radiation, which some studies show has increased the risk of breast cancer, as is currently the case with mammography.

SEC. 2. Section 138.6 is added to the Health and Safety Code, to read:



138.6. (a) The department shall include in any literature that it produces regarding breast cancer information that shall include, but not be limited to, all of the following:

(1) Summarized information on risk factors for breast cancer in younger women, including, but not limited to, information on the increased risk associated with a family history of the disease.

(2) Summarized information regarding detection alternatives to mammography that may be available and more effective for at-risk women between the ages of 25 and 40 years.

(3) Information on Web sites of relevant organizations, government agencies, and research institutions where information on mammography alternatives may be obtained.

(b) The information required by subdivision (a) shall be produced consistent with the department's protocols and procedures regarding the production and dissemination of information on breast cancer, including, but not limited to, the following factors:

(1) Restrictions imposed by space limitation on materials currently produced and distributed by the department.

(2) Future regular production and replacement schedules.

(3) Translation standards governing the number of languages and literacy levels.

(4) The nature, content, and purpose of the material into which this new information will be incorporated.

(c) It is the intent of the Legislature that subdivisions (a) and (b) apply to information that is distributed by any branch of the department, including, but not limited to, the Cancer Detection Section and the Office of Women's Health, which are charged with providing information about cancer.

SEC. 3. Section 4862 of the Welfare and Institutions Code, as added by Chapter 226 of the Statutes of 2003, is amended to read:

4862. (a) The length of a work activity program day shall not be less than five hours, excluding the lunch period.

(b) (1) Except as provided in paragraph (2), the length of a work activity program day shall not be reduced from the length of the work activity program day in the historical period that was the basis for the approved habilitation services rate.

(2) (A) A work activity program may, upon consultation with, and prior written approval from, the regional center, change the length of a work activity program day.

(B) If the regional center approves a reduction in the work activity program day pursuant to subparagraph (A), the department may change the work activity program rate.

(c) (1) A work activity program may change the length of a work activity program day for a specific consumer in order to meet the needs of that consumer, if the regional center, upon the recommendation of the individual program planning team, approves the change.

(2) The work activity program shall specify in writing to the regional center the reasons for any proposed change in a work activity program day on an individual basis.

SEC. 4. Section 3 of this act shall become operative on July 1, 2004.

